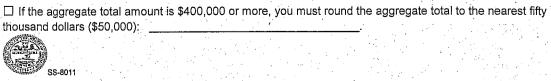


SEMI-ANNUAL LOBBYING EXPENDITURE REPORT FOR EMPLOYERS OF LOBBYISTS

INSTRUCTIONS: This Semi-Annual Lobbying Expenditure Report is for reporting all expenditures relating to lobbying in the State of Tennessee. Pursuant to T.C.A. § 3-6-303(a), this Report is due within forty-five (45) days after the conclusion of the six-month periods ending March 31 and September 30. The Report must be filed with the Tennessee Ethics Commission, 201 4th Avenue North, Suite 1820, Nashville, TN 37243. If you have questions, please feel free to contact the Commission at (615) 253-8634 or e-mail us at ethics.counsel@state.tn.us. You must complete every item. Attach additional pages as necessary. Please note that the information listed on this Report will be posted on the Commission's website as required by T.C.A. § 3-6-303(3)(b).

1	a.	DATE OF DISCLOSURE 10/31/07
	b.	REPORTING PERIOD [check box]: October 1 – March 31 April 1 – September 30
2.	a.	NAME OF CORPORATION/ENTITY LITTLE PLANET LEARNING
	b.	NAME OF CEO, CFO, or TITLE AND NAME of PERSON RESPONSIBLE FOR SUPERVISING LOBBYISTS
		WILLIAM NELSON, CEO
3	а.	ADDRESS Street or Rural Route City State Zip Code
2	96	3 FOSTER CREIGHTON DRIVE
	NAS	SHVILLE TN 37204
	b.	PHONE NUMBER 6/5-259· 37-33
4.	LOB	BYING INTERESTS
	a.	List the general subject area(s) lobbied, e.g., "healthcare," "insurance," etc.
	(DH	PUTER BASED TRAINING
	COP1	Poctor Bilson Milliano
		
	b.	Describe the general nature and interest of the entity employing or retaining lobbying services, e.g. "insurance company," "professional association," etc.
/	COM	PUTER SOFTWARE DEVELOPMENT :
	· . · · · ·	$\frac{\omega}{2}$
		

	Page 2 of 3
301(7) as " any salary, fee, payment, reimbo	OMPENSATION. The term "compensation" is defined by T.C.A. § 3-6- ursement or other valuable consideration, or any combination thereof 'compensation' does not include the salary or reimbursement of ar rson's regular employment."
disclosure, compensation paid to any lobbyist w activities shall be apportioned to reflect the lobby	obbyist compensation paid by the employer. For purposes of the ho performs duties for the employer in addition to lobbying and related yist's time allocated for lobbying and related activities in this state (see histrative Action" and "Legislative Action," and exceptions thereto, in (a)(1)(A)-(K). (Check the appropriate box.)
☐ Less than \$10,000 .	At least \$10,000 but less than \$25,000
☐ At least \$25,000 but less than \$50,000	☐ At least \$50,000 but less than \$100,000
☐ At least \$100,000 but less than \$150,000	☐ At least \$150,000 but less than \$200,000
☐ At least \$200,000 but less than \$250,000	☐ At least \$250,000 but less than \$300,000
☐ At least \$300,000 but less than \$350,000	☐ At least \$350,000 but less than \$400,000
☐ If the aggregate total amount is \$400,000 or more, thousand dollars (\$50,000):	you must round the aggregate total to the nearest fifty
box. Attach additional pages as needed. Aut	hority: T.C.A. § 3-6-303(a)(1).
LOBBYIST NAME	<u>IN-HOUSE LOBBYIST</u> □
BYRON TRAUGER	IN-HOUSE LOBBYIST
	IN-HOUSE LOBBYIST
	IN-HOUSE LOBBYIST
7. LOBBYING-RELATED EXPENDITURES	ny expenditure made for the purpose of achieving a multi-state
7. LOBBYING-RELATED EXPENDITURES NOTE: For the purposes of this Report, ar effect shall be apportioned equally among the Excluding lobbyist compensation (which is rethe employer to third party vendors, for the purpopinion or grassroots action in the State of Terelating to printing, publishing, advertising, broad digital video discs, infomercials, rallies, demonst costs, internet services, public relations services.	ported under 5), state the aggregate total of expenses paid directly by pose of influencing legislative or administrative action through public ennessee. These expenditures include, but are not limited to, costs leasting, paid announcements, audiotapes, videotapes, compact discs, strations, seminars, lectures, conferences, postage, telephone related s, governmental relations services, polling services, travel expenses, ons or any other expense incurred lobbying. Authority: T.C.A. § 3-6-
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7. LOBBYING-RELATED EXPENDITURES NOTE: For the purposes of this Report, ar effect shall be apportioned equally among the Excluding lobbyist compensation (which is rethe employer to third party vendors, for the purpopinion or grassroots action in the State of Terelating to printing, publishing, advertising, broad digital video discs, infomercials, rallies, demons costs, internet services, public relations service grants to issue groups or grassroots organization 303(a)(2)(A)-(K). (Check the appropriate box.) Less than \$10,000 At least \$25,000 but less than \$50,000	ny expenditure made for the purpose of achieving a multi-state ose states. ported under 5), state the aggregate total of expenses paid directly by pose of influencing legislative or administrative action through public ennessee. These expenditures include, but are not limited to, costs leasting, paid announcements, audiotapes, videotapes, compact discs, strations, seminars, lectures, conferences, postage, telephone related s, governmental relations services, polling services, travel expenses, ons or any other expense incurred lobbying. Authority: T.C.A. § 3-6- At least \$10,000 but less than \$25,000 At least \$150,000 but less than \$200,000



8. AGGREGATE TOTAL OF ALL IN-STATE EVENTS

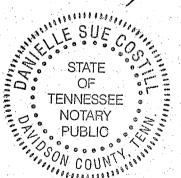
State the aggregate total amount of all employer expenditures for all in-State event(s) which was or should have been reported to the Commission pursuant to T.C.A. § 3-6-305(b)(8). Authority: T.C.A. § 3-6-303(a)(3).

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9. TO BE SIGNED BY REPORTING OFFICIAL (must be attested to by a witness)

I certify that the information contained in this Report is true and that it is a complete and accurate report to the best of my knowledge, information and belief.

best of thy knowledge, information and belief.
Debra Branson 10/31/07
Signature of Person: Date Print Name of Person: Date
I, the undersigned, acknowledge that I have reviewed the foregoing Report and certify that is complete an accurate to the best of my knowledge, information and belief.
Who they 10/31/07
Signature of CEO, CFO or Authorized Representative Print Name of Person: WWW NEWSON Date
ANIEU E MATICANE undersigned, do hereby witness the above signature of the CEO,
(Rrinted Name of Witness) CFO or Authorized Representative, which was signed in my presence.
Signature of Witness Date
and the control of the state of the control of the



My Commission Expires SEPT. 20, 2008

